

HUMAN SERVICES BOARD

INTRODUCTION

FINDINGS OF FACT

1. The petitioner is a single man with no minor children who suffered a heart attack on October 10, 1999. At the time he suffered the attack, he was sixty-four years old, had recently lost his job and had no health insurance. Within a few weeks of his heart attack, his physicians gave him a "clean bill" of health and he began to receive unemployment compensation benefits while he looked for another job. He soon decided to take early retirement benefits from Social Security. Those benefits along with a pension amounted to \$1337.00 per month.

2. The petitioner applied for both Medicaid and VHAP benefits on December 4, 1999. He was denied Medicaid through February of 2000 because he was determined to have had no categorical eligibility during the application period, that is, he was neither disabled, aged, nor the parent of a dependent child. The petitioner was informed that he would be eligible for Medicaid in March of 2000 when he would turn 65.

3. The petitioner was also denied VHAP benefits because he was determined to have income in excess of the maximum for a household of one.

4. The petitioner agrees with the Department's income calculations and agrees that the period during which he was unable to work lasted only a few weeks. He asks if an exception can be made to help him with the sizeable doctor's and hospital bills he accrued during his hospitalization for his heart attack.

ORDER

The decision of the Department is affirmed.

REASONS

The petitioner, who now has health coverage under Medicaid, asks that he be found eligible for coverage during

October of 1999 when he was hospitalized and treated for a heart attack. The Medicaid program allows a retroactive period of up to three calendar months of coverage prior to the month of application "provided that all eligibility criteria were met during the retroactive period to be granted." M113. In the petitioner's case, he applied in December of 1999, meaning he could get coverage for September, October and November of 1999, if he had met the eligibility criteria under any Medicaid category--aged, disabled or parent of a dependent minor child---during any of those months. M200.

An individual is qualified on the basis of age if he is at least 65 years of age in or before the month in which eligibility is sought. M211.1. He is disabled only if he is unable to engage in any substantial gainful activity by "any medically determinable physical or mental impairment, or combination of impairments, that can be expected to result in death or has lasted or can be expected to last for a continuous period of not fewer than 12 months." M211.2. He is a parent of a dependent child only if he is responsible for the care of a child 18 or under who has been deprived of the care and support of one of his parents. M300. The facts in this case show that the petitioner meets none of these criteria. He cannot, therefore, be found eligible for

Medicaid for any time before the month in which he turns 65, which is March of 2000.

The petitioner was also turned down for VHAP benefits, not because of any categorical eligibility requirement, but because his income was deemed to be too high. The VHAP program specifically counts income from social security and benefit programs as "unearned income" which is subject to no further deductions. W.A.M. 4001.81(b). That countable income is then compared to the applicable income test for the VHAP group size. W.A.M. 4001.83. The maximum allowable income for a one-person household applying for VHAP is \$1,030 per month. P-2420B (6). The petitioner exceeded that maximum by over \$300. He was therefore correctly determined to be ineligible. It should be noted, that even if the petitioner had been income eligible for VHAP, that program has no retroactive period of eligibility. The earliest he could have been determined eligible was the date of his application on December 4, 1999 and the Department has up to thirty days from that time to make that determination. W.A.M. 4002.2. Eligibility (other than in managed care programs which can take over a month for enrollment) usually begins on the date the application is approved. W.A.M. 4002.31 and 4002.32. Under the VHAP scheme, the petitioner could never have been

found retroactively eligible for his October and November 1999 hospitalization and care.

The petitioner is urged to discuss with his providers, both hospital and doctors, whether or not he might be eligible for a low-income waiver program to reduce his bills. It must be concluded that the Department of Social Welfare acted properly in denying the petitioner for both programs before March of 2000 and as such its decision must be upheld by the Board. 3 V.S.A. § 3091(d).

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